

CARLO GAVAZZI SPACE SpA

# AMS02-TCS

AMSTCS-CC-CGS-004

N.A.

### **CERTIFICATE OF** CONFORMITY/ACCEPTANCE

COC/COA

Date:

Doc.:

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	EM DESCRIPTION: CAB TCS ASSEMBLY	PART N°/C.I. N°: 48-AMS02TCS-000.00.00 / CAB TCS 15	SERIAL N°: FM01	MODEL: PFM  CONTRACT N°: 1/008/08/0	
	ECIFICATION N°: ISTCS-SP-CGS-003 1	CUSTOMER: ASI	CONTRACTOR: CARLO GAVAZZI SPACE S.P.A.		
			RED FOR ACCEPTANCE HAS BEE O CONFIGURATION AND COMPLI LIST OF EXCEPTIONS OF THIS C		
The	e following is certifie	Exceptions:			
1.	All exceptions listed ag closed out				
2.	A configuration verific configuration baseline documents				
3.	Each departure from sp				
4.	Verification including a discrepancies have been				
5.	The CI complies with processes				
6.	The CI complies w	N.A CGS provided technical inputs to NASA for the Flight Safety review			
7.	All identified hazards ar	N.A CGS provided technical inputs to NASA for the Flight Safety review			
8.	The CI has been cleaned				
9.	The Acceptance Data I is complete and is available.				
10.	Open work/tests and ur book are acceptable for	nresolved non-conformances of transfer to the user site	defined in ADP / System Log-	See next page	

12. Qualification of the	e item is satisfact	ory and recorded i	n		N.A.	
CONTRACTOR	PRODUCT ASSURANCE MANAGER			PROGRAM MANAGER		
APPROVAL	Name	Signature	Date	Name	Signature	Date
PRIME	PRODUCT ASSURANCE MANAGER			PROGRAM MANAGER		
CONTRACTOR APPROVAL	Name	Signature	Date	Name	Signature	Dete
CUSTOMER	PRODUCT ASSURANCE MANAGER			PROGRAM MANAGER		
APPROVAL	Name	Signature	Date	Name	Signature	Date

Packaging and shipping arrangements are defined and agreed

11.



# AMS02-TCS

Doc.:

AMSTCS-CC-CGS-004

### COC/COA

## **CERTIFICATE OF** CONFORMITY/ACCEPTANCE

Date:

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TEM DESCRIPTION: CAB TCS ASSEMBLY  A8-AMS02TCS-000.00.00 / CAB TCS 15  CONTRACTOR: CARLO GAVAZZI SPACE S.P.A.  MODEL: FM01  PFM  CONTRACT N°: I/008/08/0	
AMSTCS-SP-CGS-003 ASI CARLO GAVAZZI I/008/08/0	
Open Actions/Work: Actionee: Due Date: Clos. Date: Closure Ref.:	
AMSTCS-VC-CGS-001  CGS  Issue 1 already emittre issue 2 shall be emittre end of the TV / TB test	ed at the
Closure Signature:	
PRODUCT ASSURANCE MANAGER PROGRAM MANAGER	
CONTRACTOR L.CREMONESI M. OLIVIER	
PRODUCT ASSURANCE MANAGER	Date
PRIME	
CONTRACTOR  Name Signature Date Name Signature	Date
PRODUCT ASSURANCE MANAGER PROGRAM MANAGER	- 410
CUSTOMER Signature Date Name	Date